

Notice of Referral to the Office of Dispute Resolution for Centrally Assessed Companies

You may use this form to appeal the notice of determination made by the Department of Revenue's Business and Income Taxes Division. This division issues a notice of final determination after receiving a request for informal review of a tax adjustment. You need to send this form to the Office of Dispute Resolution within 15 days of the date on the notice of the division's final determination.

For more information about the appeal process, visit the tax appeal process section at *revenue.mt.gov.* If you need additional help, call us toll-free at 1-866-859-2254 (in Helena 444-6900) Monday through Friday, 8 a.m. to 5 p.m.

Taxpayer or Owner/Business Name			
Address			
City	State		Zip Code
Telephone Number	Fax Number	Email Ad	dress
Tax Type(s)	For Tax Period(s)	Period(s) Montana Account ID	
provide the basic information form under <i>Forms</i> at <i>revenue</i>	below and attach a completed F e.mt.gov or call us toll-free at 1-8	ower of Attorney 1 66-859-2254 (444	form. You can find the Power of Attorney -6900 in Helena). A fully executed federa
provide the basic information	below and attach a completed F	ower of Attorney	the Office of Dispute Resolution, please form. You can find the Power of Attorney -6900 in Helena). A fully executed federa
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Please mail this form to Montana Department of Revenue, PO Box 5805, Helena, MT 59604-5805 or email to dordisputeresolution@mt.gov.

Title

Date

Date

Signature of Taxpayer or Authorized Representative

Spouse's Signature (if joint liability)